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## APPLICANTS

Robert M. Hussey, Camillus, NY;  
 Robert Gardiner, Fayetteville, NY;  
 Matthew Pankow, Camillus, NY;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

George S. Blasiak  
 WALL MARJAMA & BILINSKI  
 Suite 400  
 101 South Salina Street  
 Syracuse, NY 13202

## TITLE

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